SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 	A. Signature X Agent Addressee B. Received by (Printed Name) C. Datejof Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	D. Is delivery address different from Item 1? Thes
Article Addressed to:	If YES, enter delivery address below: No
ROBERT CLARK	
1758 SO UTH 900 EAST	Service Type Certified Mall D Express Mail
SALT LAKE CITY, UTAH 84105	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
Variation and the state of the	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7005 2570 0000 4801 6652	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1	

UNITED STATES POSTAL SERVICE



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

LETTER DATED 11/17/200 DIVISION DIRECTIVE ROBERT CLARK S/015/0053

LETTER DATED 11/17/2009 me PleGs, lange 20+4 in this box •

NOV 6 3 2009

DIV. OF OIL, GAS & MINING

VICKIE SOUTHWICK STATE OF UTAH DIVISION OF OIL GAS AND MINING 1594 WEST NORTH TEMPLE SUITE 1210 SALT LAKE CITY UTAH 84114

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